



## Office of Pharmacy Services Prior Authorization Criteria

### Kuvan (sapropterin)

Requests for Kuvan will be authorized if the following criteria are met:

1. Diagnosis of phenylketonuria
2. Prescriber must submit patient's baseline weight and phenylalanine levels at initiation of therapy for a thirty day supply. Initial dosing will be calculated for 10 mg/kg/day.
3. Re-authorization for one six month period will be issued with documentation of reduced phenylalanine levels and subsequent authorizations will issued be for twelve (12) months
4. Doses exceeding 20 mg/kg/day will not be authorized.

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Reviewed and Approved by the DUR Board  
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